Republic of the Philippines Department of Finance Use Only Item: **Bureau of Internal Revenue** Certificate of Compensation BIR Form No. Payment/Tax Withheld September 2021(ENCS) For Compensation Payment With or Without Tax Withheld Fill in all applicable spaces. Mark all appropriate boxes with an "X" 1 For the Year 2 For the Period 3 ,1 0 1 12 0 1 To (MM/DD) (YYYY) From (MM/DD) Part IV-B Details of Compensation Income & Tax Withheld from Present Employer Part I - Employee Information 3 TIN 7 | 5 | 9 A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount 9 | 0 | 3 5 | 5 | 5 4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code 29 Basic Salary (including the exempt P250,000 & below) 0.00 0 ,4 ,4 or the Statutory Minimum Wage of the MWE CASALDA,SHAWN HEART TRINIDAD 0.00 30 Holiday Pay (MWE) 6A ZIP Code 6 Registered Address 31 Overtime Pay (MWE) 0.00 6B Local Home Address 6C ZIP Code 0.00 32 Night Shift Differential (MWE) 6D Foreign Address 0.00 33 Hazard Pay (MWE) 34 13th Month Pay and Other Benefits 54,612.61 7 Date of Birth (MM/DD/YYYY) 8 Contact Number (maximum of P90,000) 2 9 1 9 9 5 35 De Minimis Benefits 22,496.53 0 9 Statutory Minimum Wage rate per day 36 SSS, GSIS, PHIC & PAG-IBIG Contributions 18,468.03 and Union Dues (Employee share only) 10 Statutory Minimum Wage rate per month 0 37 Salaries and Other Forms of Compensation 16,068.97 Minimum Wage Earner (MWE) whose compensation is exempt from 11 38 Total Non-Taxable/Exempt Compensation withholding tax and not subject to income tax 111,646.14 Part II - Employer Information (Present) Income (Sum of Items 29 to 37) **12** TIN B. TAXABLE COMPENSATION INCOME REGULAR 8 0 0 0 | 5 | 6 7 18 3 13 Employer's Name 216,507.89 39 Basic Salary OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC. 40 Representation 0.00 14A ZIP Code 14 Registered Address 1st - 4th Flr Science Hub Tower3 Campus Ave. Cor. Turin St., McKinley Hill Fort Bonifacio 1630 Taguig City NCR, Fourth District Philippines 41 Transportation 0.00 15 Type of Employer Main Employer Secondary Employer 42 Cost of Living Allowance (COLA) 0.00 Part III - Employer Information (Previous) **16** TIN 43 Fixed Housing Allowance 0.00 17 Employer's Name 44 Others (specify) 0.00 44A 0.00 18A ZIP Code 44B 0.00 0.00 SUPPLEMENTARY Part IVA - Summary 45 Commission 0.00 328,154.03 Employer (Sum of Items 38 and 52) 46 Profit Sharing 0.00 111,646.14

18 Registered Address 19 Gross Compensation Income from Present 20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 0.00 47 Fees Including Director's Fees 21 Taxable Compensation Income from Present 216,507.89 Employer (Item 19 Less Item 20) (From Item 52) 0.00 48 Taxable 13th Month Benefits 22 Add: Taxable Compensation Income from 0.00 Previous Employer, if applicable 49 Hazard Pay 0.00 23 Gross Taxable Compensation Income 216,507.89 (Sum of Items 21 and 22) 50 Overtime Pay 0.00 -0.01 24 Tax Due 51 Others (specify) 25 Amount of Taxes Withheld -0.01 0.00 0.00 51A 25A Present Employer 25B Previous Employer, if applicable 0.00 0.00 51B 0.00 52 Total Taxable Compensation Income 26 Total Amount of Taxes Withheld as adjusted 216,507.89 -0.01 (Sum of Items 25A and 25B) (Sum of Items 39 to 51B) 27 5% Tax Credit (PERA Act of 2008) 0.00

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the \*Data Privacy Act of 2012 (R.A. No. 10173) for legitim ate and lawful purposes.

-0.01

53Pres	CABAGNOT, MICHELLE KIBLATAIN sent Employer/Authorized Agent Signature over Printed Name	Date Signed	
ONFORME:			
54	CASALDA,SHAWN HEART TRINIDAD	Date Signed	
675-824 <mark>84</mark>	Employee Signature over Printed Name	Am ount paid,	if CTC
TC/Valid ID No.	. Place of	Date Issued	Ť
f Employee	Issue	Date issued	_4

To be accomplished under substituted filing I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.

(Head of Accounting/Human Resource or Authorized Representative)

CABAGNOT, MICHELLE KIBLATAIN Present Employer/Authorized Agent Signature over Printed Name

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

> CASALDA, SHAWN HEART TRINIDAD Employee Signature over Printed Name

28 Total Taxes Withheld (Sum of Items 26 and 27)